1	00000		301 W. PRESTON STREET,	BALTIMORE, MARYLAND 21201	
3///2/2019	06871		ERTIFICATE OF DEA	TH	06869
ond eat	ECEASED-NAME First Type or print) EMII	Middle SUSAN	Lost ADAMS	20. DATE OF DEATH Month May 23	2b. HOUR P 7 1969 5:30 M
rs of	Female	4. RACE White	S. DATE OF BIRTH 24 Sept	1893 6. AGE (In years lost birthdoy) 75 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
7o. coul	BIRTHPLACE (Stote or foreign ntry) Maryland	U. S.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH	Wd
10 B	CITY OR TOWN OF DEATH Buckeystown 2171	1,100771	ITUTION (If not in hospital dur	o. USUAL OCCUPATION (Kind of work done ring most of working life even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY Own Home
130. odm	USUAL RESIDENCE (Where deceosed ission) STATE Maryland	lived, if institution: Residence before 13b. COUNTY ederick		DE CITY LIMITS? 13e. STREET AND NUMBER	
14.1	FATHER'S NAME First George	Middle Lost W. Cutsail	15. MOTHER'S MAIDEN N	AME First Middle Fanny Amelia Wagne	Lost
16o. Y	. WAS DECEASED EVER IN U.S. ARMED (15 yes give war or	FORCES? 16b. SOCIAL SECURITY N	0. 17. INFORMANT 2J1 Norman A. A	108 Freddies	ck Ave.
buriol, cremation, or removal, ond in ony	PART I. DEATH WAS CAUSED B	DUE TO, OR AS A CONSEQUENCE OF	lele Wentrice	lar febrillations sie selevations	APPROXIMATE INTERVAL BETWEEN QUEST AND DEATH
	stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF (c) LOUIS CONTRIBUTING TO DEATH BUT NO		L Xibrillation SE OR CONDITION GIVEN IN PART 1(0)	- 1951
MEDICAL CERTIFICATION	190. DATE OF OPERATION 19b. COM	IDITION FOR WHICH OPERATION WAS PER		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medicol exominer)	21b. TIME OF INJURY HOUR A.M. Month Doy Yeor P.M. 19	21c. HOW INJURY OCCURRED	(Enter noture of injury in Port 1 or Port 2,	Item 18.)
		CE OF INJURY (AT HOME, FARM, STREET, FACTO	ORY.) 21f. LOCATION Street or R.F.	.D. No. City or Town	County Stote
	22a. I certify that (I) (this I sow the deceased alive causes stated abave, (I	nospital) attended the decease e on <u>2/19/69</u> 19) (we) (did) (did ho t) view the b	d fram, , and that in (my) (ou ady after death.	19.57, to 53 may, 19 r) apinion death occurred on the d	that (I) (we) last ate and hour and from the
1	22b SIGNATURE 22d. PHYSICIAN'S	onlygo. m.	DEGREE PHYS.	MED CTAFF	DATE SIGNED 26 May 1969
230.	NAME (Type) Charles	H. Conley, Jr. M		Market St., Frederi	
M		27/69 Mount	METERY OR CREMATORY Olivet Cemetery		•
(4)	M. R. Etchison	& Son. Frederick.		EC'D BY REGISTRAR 2Sb. REGISTRAR	

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1 }	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	16872 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		2b. HOUR
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er d iive iive ig v	rederick give street address) Prederick Mem. Hosp. Community Development-Balto ISUAL RESIDENCE (Where deceased liyed, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	City
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EXAMINER: This certificate should be executed within 24 hours after death execute the certificate, writing the word "pending" in pencil in Jern-18. Give Page for. Page 4 should be forworded to the Chief Medical Examiner's Office along with 3d for your files. CTOR: Page 3 should be used as a buriol-transit permit. File pages Yand-2 with the State burial, cremation, or removal, and in any event within 72 hours offer death.	s, no, or unknown) (If yes give wor or dates of service) 564-42-9782 Joseph Levine & Sons -Phila.Pa.19	TEDVAL
rin in i	IB. CAUSE OF DEATH (Enter any one couse per line far (a), (b), and (c).)	ID DEATH
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f M f wit p	Canditions, if any, which gave) CANCILED CHEST ACEDIATED I FAMILY CONTROL OF CHEST	
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INER: e cert shoul files. 3 shou	CAUSE OF DEATH 12:25 P.M. 5-1 19 69 SINGLE CARE ACIDEN 11d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street at R.F.D. No. City at Town County	Stote
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DEPUTY DICAL EXAMINER: cessary, please execute the cert e funerol director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should havior to burial, cremotion,	AL HOLK E AL HOLK	7-11/4
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TY please yy, please stol directo be retained the prior to be prior to be	ACTUAL CHIEF MEDICAL EXAMINER COMPATE SIGNED	
TY. TY	SIGNATURE ASSISTANT MEDICAL EXAMINER	767
DEPUTY Scessary, p e funerol may be r FUNERAL	Examiner's Robert J. Thomas, M.D. ADDRESS(Street, city, town, or county)	101
		1-1
O SEN SHEDWIN		te)
O SEN SHEDWIN	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Store Burial 5/5/1969 Whitemarsh Memorial Pk. Whitemarsh P	te)
ROBERT J. HOUSE ROBERT J. HOUSE 812 TOLL ARVI 812 TOLL 1/68		te)

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2	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06871	
HEALTH DEPT. ∽♀ぉ ㅎ	DECEASED-NAME (Type or Print) Hazel Middle D. Banks 20. DATE KNOWN Month Doy Yeor 2b OF ESTI- DEATH MATED 5 17 1969	HOUR M
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e De la	BIRTHPLACE (Stote or foreign U.S.A. WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED Frederick	Md
24 hours ofter death. in Item 18. Give Pages 1, is Office along with form is Tono 2 with the State De	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during the properties) 120. USUAL OCCUPATION (Kind of work done during the properties) 12b. KIND OF BUSINESS 12b.	S OR
Ole windle	D. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE Md. 13b. COUNTY Fred. Rural 13c. STREET AND NUMBER Burkittsville	
24 hours in Item 11 in Item 12 strang 2 re-effer d	FATHER'S NAME First Middle Lost US. MOTHER'S MAIDEN NAME First Middle Lost Lillie May Butler	
d within 24 in pencil in 1 Examiners File pages in 72 hobrs	Was Deceased ever in U.S. ARMED FORCES? (Yes, no, numberown) (If yes give wor or dates of service)	
nauld be execute word "pending" the Chief Medical riol-transit permit	IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse (a), stating the underlying couse lost. (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	VAL DEATH
NER: This certificate sl certificate, writing the hould be forwarded to iles. should be used as a bu	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES \[\bigcup \text{N}	10 1
INER: The should be should be files. 3 should be notion, or	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. AUSE OF DEATH 21b. TIME OF INJURY Month, Doy, Yeor HOUR A.M. P.M. 19	4
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To DEPUTY DICAL EXAM necessory, pleose execute the the funerol director. Poge 4 5 may be retained for your TO FUNERAL DIRECTOR: Page ROBERT MINIOR TO Buriol, crem 812 TOLL HOMAS, M. I.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	}
10M REV. 1/68	Feete Funerak Home Brunswick, Md, DAMAY 2 1 1969 Julianles Jusque	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06874 06872 CERTIFICATE OF DEATH 2b. HOUR 1:30M DECEASED-NAME First Middle Last 2a. DATE OF DEATH and completely filled in by the funeral remove carban papers. Pages 1 and 2 in any event, within 72 hours after death. certificate be executed within 24 haurs after death. (Type or print) Manth 1969 May Sara Mae Barnes 6. AGE (In years IE UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH last birthdoy) DAYS HOURS YRS Female Negro 10-21-1915 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED the attending physician and completely tilled in sit permit. Then please remove carban papers. country) WIDOWED | DIVORCED Frederick U.S.A. N. Carolina 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.)

Domestic INDUSTRY * Frederick Memorial Frederick 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before crematian, ar remaval, and in any event, 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 136. COUNTY Frederick admission) STATE NO 7 W. 6th St. Frederick, Md Frederick Middle 1S. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME First Lost UNK Unknown UNK Harrell.Sr NMN James Address 16b. SOCIAL SECURITY NO. 17. INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, ar unknawn) (If yes give war or dates of service) 7 W. 6th Street Fred.Md Lewis Barnes 245-20-5469 1B. CAUSE OF DEATH (Enter only one cause per line for (a)
PART 1. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH PHYSICIAN: The law requires that the death IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF FRINIX Canditians, if any, which gave signed by the burial-transit p rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying couse burial, lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been prior to as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19a, DATE OF OPERATION CAUSES OF DEATH? YES 🗌 far use with the State Dept. of Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. detached (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED City or Town County Stote 21e. PLACE OF INJURY While Nat while at wark 220. I certify that (1) (this hospital) oftended the deceased from 10 8 - 219. 69, that (1) (we) lost to sow the deceosed olive on 19 27, and that in (my) (our) opinion death occurred on the date and hour and from the shauld couses stated obove ((1) (we) (did) (did not) view the body ofter deoth 22c. DATE SIGNED 22b. SIGNATUR ATTENDING STAFF PHYS. PHYS. DIRECTOR directar, page shauld be filed 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 812 Toll House Ave Fred . Md Robert J. Thomas 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (State) 23a. BURIAL, CREMATION, 23b. DATE Burial Specify) Frederick Md Fred. 5-10-1969 Fairview 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR **ADDRESS** 24. FUNERAL DIRECTOR VR A15 M Charles Judge 1969 C.E. Hicks. 111 Frederick. Md

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23a. BURIAL, CREMATION,

BUREMOVAL (Specify)

24. FUNERAL DIRECTOR

Robert E.

23b. DATE

Dailey Son

5-14-1969

ADDRESS Frederick, Md.

Mount Olivet Cemetery

23c. NAME OF CEMETERY OR CREMATORY

2So. REC'D BY REGISTRAR MAY

23d. LOCATION (City or Tawn)

2Sb. REGISTRAR'S SIGNATURE Vollanten Jordan

Frederick, Frederick, Md.

(County)

2b. HOUR

IF UNDER 24 HRS.

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APPROXIMATE INTERVAL

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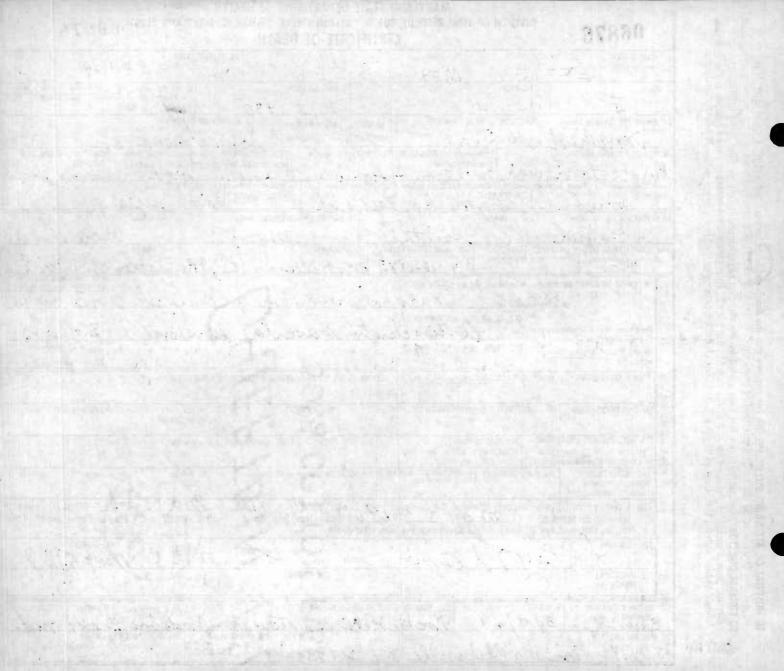
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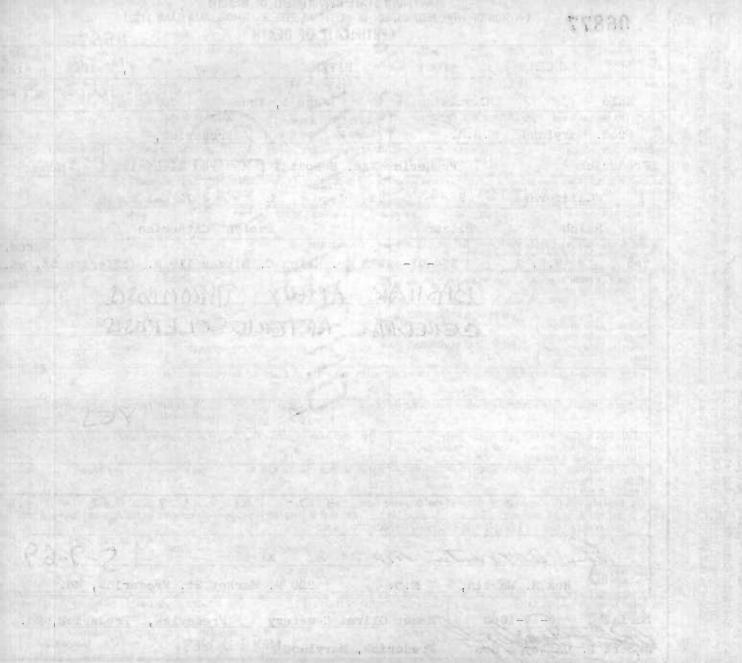
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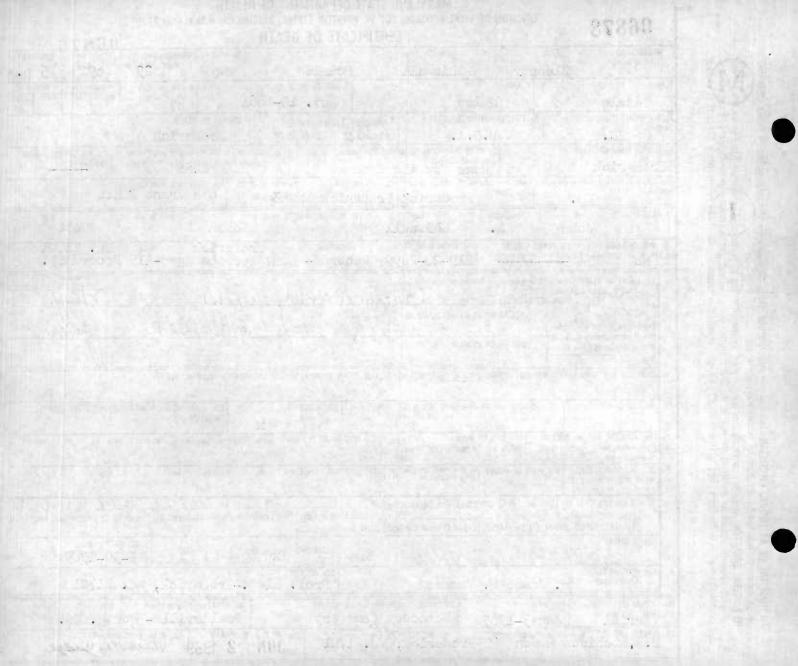
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ä	l ar ar u	,		21a. ACCIDENT WAS UNDI		IME OF INJURY C.A.M. Manth Doy Year		INJURY OCCURRED (E	nter nature of inj	ury in Port 1 or Part 2	2, Item 18.)	
3	af the		MEDICAL	(If either, notify medical	examiner)	P.M. 1	9		Section 2			
¥	has ce iche		W	21d. INJURY OCCURRED	21e. PLACE OF IN	JURY (AT HOME, FARM, STREET, F) OFFICE BUILDING, ETC.	CTORY,) 21f. LOCAT	TION Street ar R.F.D.	No. Cit	y ar Tawn	County	State
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	D G			22d. PHYSICIAN'S	1491	Alle	DEGKEE	PHYS. 22e. ADDRESS	DIRECTOR L	PHYS.	109 311	16/
¥	may be retained by the haspital ar attending physician. RAL DIRECTOR: After this certificate has been signed by the attending physician and act, page 3 should be detached far use as the burial-transit permit. Then please rema be filed with the State Dept. af Health priar ta burial, crematian, or remayal, and in any			NAME (Type)	6			226. ADD (L33			/ /	
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H	Pag- dire		230.	REMOVAL (Specify)	5/M/	19 R-h	LI DO	an ata	7 Z- 11	land of lowing	Z. c.	401
2	_		24	FUNERAL DIRECTOR	7/1/4	ADDRES	nue	2So. REC'	BY REGISTRAR	2Sb. REGISTRA	S SIGNATURE	ma.
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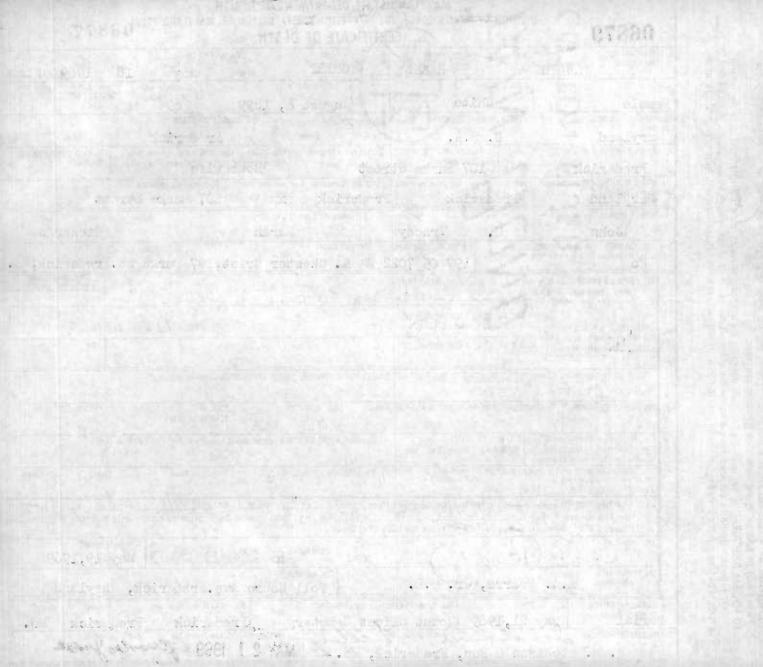
MARYLAND STATE DEPARTMENT OF HEALTH 06877 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06875 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR death. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral 1 and (Type or print) EUGENE FOUT BITZER 1969 May 4:30 the fun Pages 1 4 RACE 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years last birthday) OAYS Male Caucasian June 1, 1898 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH red. Maryland W.S.A. WIDOWED X DIVORCED [Frederick. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY give street address)
Frederick Mem. Hospital Retired Machinist and campletely fi remave carban Frederick · × and in any event, 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER California COUNTY YES 🔽 NO _ San Diego 4672 Del Monte 14 FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Middle Last Last Ralph Bitzer Evelyn Catherine 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Fred. Yes, no, or unknown) Yes (If yes give war or dates of service) burial, crematian, ar remaval, W.W. 554-01-4213A Mr. Ralph C. Bitzer 119 S. Jefferson St. Md. Then 1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) attending BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (o FRIO SCLEROSLO Canditians, if any, which gave) signed by the burial-transit rise ta immediate cause (a). attending physician stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) TO FUNERAL DIRECTOR: After this certificate has been the priar ta CERTIFICATION 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Health 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while at wark State | TO HOSPITAL OR ATTENDING Page 4 may be retained by th 22a. I certify that (I) (this haspital) attended the deceased from 5-7-, 1968, ta 5-7-, 1969, that (I) (we) last , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the body after death. 22c. DATE SIGNED ATTENDING DEGREE. PHYS DIRECTOR 22d. PHYSICIAN 22e. ADDRESS director, pur NAME (Type Rex R. Martin. M.D. 220 N. Market St. Frederick, Md. 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BUT 12 (Specify) 5-10-1969 Mount Olivet Cemetery Frederick, Frederick, Md. FUNERAL PIRFETOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Frederick, Maryland Thomas Joedale Dailey & Robert



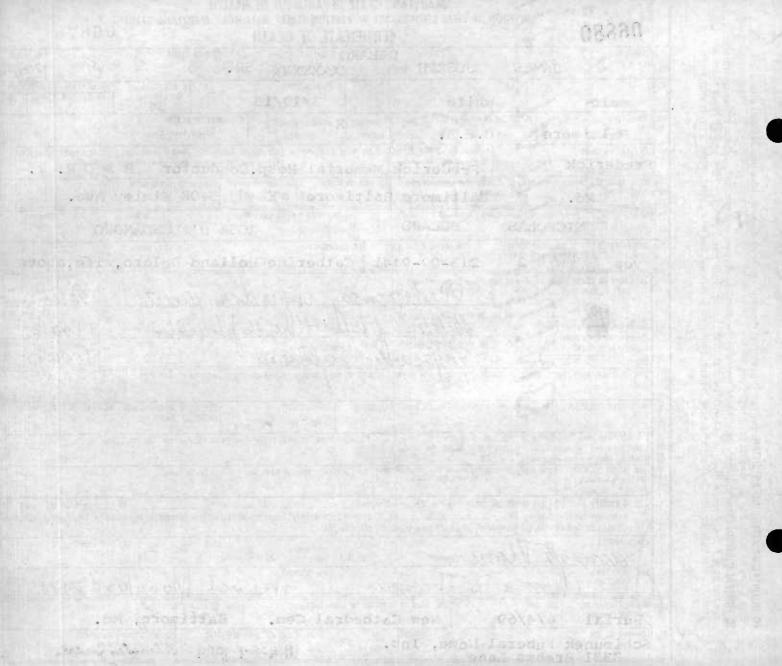
MARYLAND STATE DEPARTMENT OF HEALTH



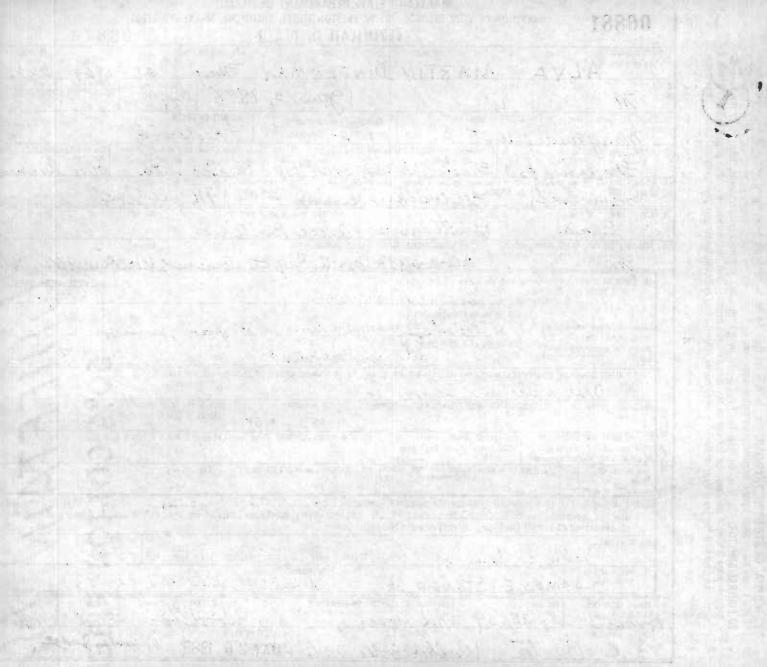
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De de	14.	FATHER'S NAME First	Middle			MOTHER'S MA	AIDEN NAME First	M	iddle		Last
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rtificate Ohysicio on plea oval, an	160	(If yes give w	ED FORCES? or or dates of service)	16b. SOCIAL SECURITY 197 05 70		iformant E. Che:	ster Cris	at,107 Burk	dress e St	Freder	ick, Md.
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED IMMEDIAL Conditions, if any, which gave rise to immediate cause (a), stoting the underlying couse last.	DUE TO, OI (b)	line far (a), (b), and (f) R AS A CONSEQUENCE OF	,	ar	- LI				TE INTERVAL ET AND DEATH
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The la aftence has be see as the prige.	CERTIFICATION			VHICH OPERATION WAS PE	RFORMED	20a. AUTOF	NO X	20b. IF YES, WERE FIN CAUSES OF DEATH?	DINGS CO	NSIDERED IN CER	TIFYING
ICIAN: pital ar rificate d for u	MEDICAL CE	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin	HOUR A.N	A. Month Doy Year		W INJURY OCC	URRED (Enter natu	re af injury in Part 1 ar	Part 2, It	em 18.)	
PHYS the has this ce detache e Dept.	WE	at work at wark		(AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.			13 10	City or Town		County	State
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N OR A Y be reft by be be reft borner oge 3 shrifted with	1	22b. SIGNATURE	(Jbas	nes).	DEGRE	ATTENDIN PHYS.		OR STAFF PHYS.		ate signed y 19,196	59
DSPITA NERAL INFRAL Uld be		NAME (Type) A.A.		, Jr. M.D.	4-11	Tol	l House	ve.Frederi			
TO HO Page TO FU direc	23a.	BURIAL, CREMATION, 23b. C	ате у 21,19		livet			. LOCATION (City or Tow rederick	Fre	(County) de rick	(State) Md.
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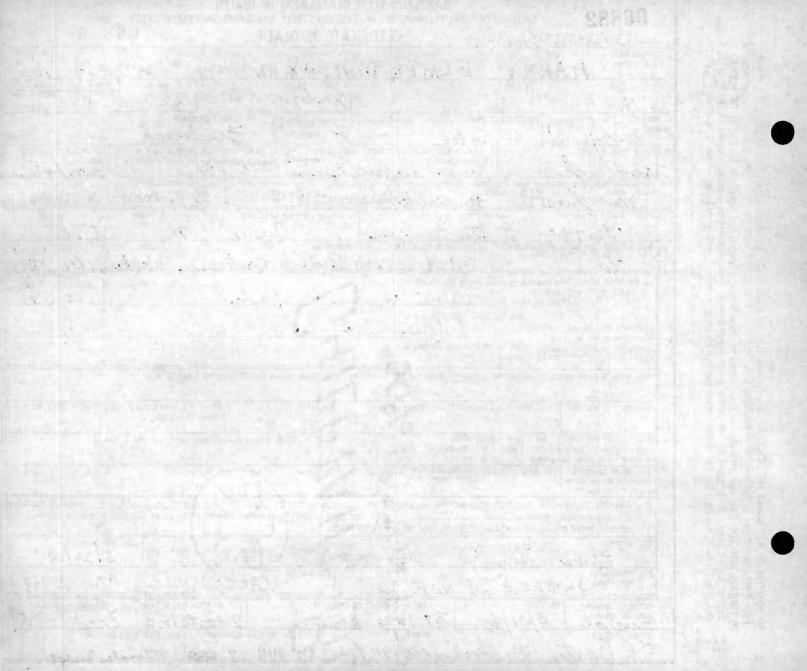
	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
No		06880 CERTIFICATE OF DEATH 06878
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		10. CITY OR TOWN OF DEATH Frederick 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol during most of work done five street address) 12b. KIND OF BUSINESS OR INDUSTRY Frederick Memorial Hosp Conductor B 12c. USUAL OCCUPATION (Kind of work done during most of working life even if refired) 12c. USUAL OCCUPATION (Kind of work done during most of working life even if refired) 12c. KIND OF BUSINESS OR INDUSTRY OR R.
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	cian and comesse remave	14. FATHER'S NAME First Middle Lost NICHOLAS DELARO IS. MOTHER'S MAIDEN NAME First Middle Lost ROSE D'ALESDANDRO
	physician nen please noval, and i	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) Yes, no, or unknown) WW 2 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Catherine Holland Delaro, wife, above
	attending sermit. It an, ar rem	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS AXONSEQUENCE OF O
N	equires that the dea physician. signed by the attenc burial-transit permit burial, crematian, ar	Conditions, it ony, which gove rise to immediate couse (o), stoting the underlying cause lost. (b) Difateral femical Hyranela published: 3 Wella DUE TO, OR AS 40 CONSEQUENCE OF LOST. (c) 3 Wy Constitute of My
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11	- S +	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 1216 TIME OF INITIPY 2216 HOW INITIPY OF CHIPPED (Feter polyre of initip) in Part 1 or Part 2 from 182
		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor [If either, notify medical examiner] P.M. 19
	by the haspital by the haspital fleer this certificate be detached fastate Dept. af H.	While Not while at work of work
	TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for u shauld be filed with the State Dept. af Heal	22a. I certify that (I) (this haspital) attended the deceased fram, 19, ta, 19, that (I) (we) last saw the deceased alive an19, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death.
	O HOSPITAL OR ATTENE Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	226. SIGNATURE DEGREE PHYS. ATTENDING MED. DIRECTOR DIRECTOR PHYS. 22c. DATE SIGNED
	O HOSPITAL Page 4 may O FUNERAL I director, pag shauld be fill	Med PHYSICIAN'S NAME (Type) Ch mos B. Thomas Producicle, Many and 21701
	TO HO. Page direct	23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 6/4/69 New Cathedral Cem. Baltimore, Md. 24. FUNERAL DIRECTOR ADDRESS 25c. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	VR A15 (4) 45M - 1 69	24. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 250. REC'D BY REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 250. REC'D BY REC'D BY REGISTRAR 250



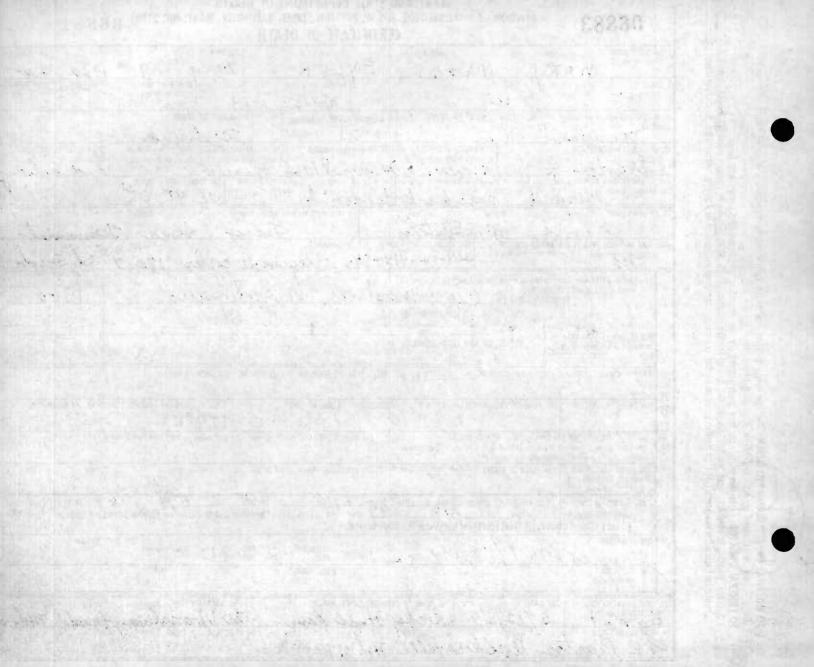
	MARYLAND STATE DEPARTMENT OF HEALTH	
	06881 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
Е	CERTIFICATE OF DEATH 06879	
1.	ECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b	. HOUR
	Type or print) A 1 VA ARTIN DINTER MAN Month Day Year 1.	20 A M
Ī	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UND	DER 24 HRS.
	M Jan 2, 1888 lost birthday) YRS MONTHS DAYS HOUR	S MIN
70	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARDIED NEVER MARDIED 9. COUNTY OF DEATH	
CC	mary mary and u, S, A. WIDOWED - DIVORCED - Frederick	Md.
10	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)	SS OR
	The derick; Frederick memory too Backsmith own he	sixes
	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 13d. COUNTY 13d. NOT 13d	
L	maryland frederick willergreen " Maple Une.	
14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Los	1
-	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
ľ	Yes, no, or unknown) (If yes give wor or dates of service) 218-10-1249A mar a. Rout Printers and Un likely and United States of Service)	211-
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	PART I. DEATH WAS CAUSED BY:) DEATH
	1707 IMMEDIATE CAUSE (a) Donchamennonia 4 dago	
	Conditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) Material adenocurumns right leaves	
L	rise to immediate cause (a),	
	stoting the underlying cause DUE 10, OR AS A CONSEQUENCE OF	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
2	arterio relespir. Generalia	
ATIO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYI	NG
CEDITIESCATION	YES NO CAUSES OF DEATH?	
	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)	
MEDICAL	☐ OR CONTRIBUTING ☐ CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19	3
AAE	21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. (ity or Town County	State
	at work at work	
	22a. I certify that (I) (this hospital) attended the deceased from 5 E. p., 19 68, ta 5/21, 19 69, that (I) (saw the deceased alive on 5 20, and that in (my) (our) opinion death occurred on the date and hour and the deceased alive on 5 20, and that in (my) (our) opinion death occurred on the date and hour and the deceased alive on 5 20, and that in (my) (our) opinion death occurred on the date and hour and the deceased alive on 5 20, and that in (my) (our) opinion death occurred on the date and hour and the deceased alive on 5 20, and that in (my) (our) opinion death occurred on the date and hour and the deceased alive on 5 20, an	we) last
	saw the deceased alive on 19 19 19 19 19 19 19 19 19 19 19 19 19	rom the
	226 DATE SIGNATURE.	
	Degree PHYS. DIRECTOR	
	224 PHYSICIAN'S	
	NAME (Type) JAMES E. STONER JR. WALKERSVILLE, Md. 21793	
23	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Steel	ote)
	Burial 5/23/69 mt. Hope Woodston Fred 7	11.
2	FUNERAL DIRECTOR ADDRESS ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE DANALY 2, 6, 1969	
	T. V. I I DI IMA I I I AN IVA MAN I DATE ANY (D 1000	



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1/2	_		06882 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	1		Item13 FilmG413 6/4/69 kk CERTIFICATE OF DEATH 06886)
	£ 2	ī	1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH	2b. HOUR
	\$ 13 B		(Type or print) HARRY ELMER DINTERMAN May Month 28 Day 1968	9 12:10 M
	直(學》	3	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER)	
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	haurs in by ers. P		70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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	plet car	1	13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE 13b. COUNTY 13b. COUNTY 15b. COUNTY 15	
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	and rem	1	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
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	CIA ital		OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) P.M. 19 21d INITIRY OF CHRRED 12a PLACE OF INITIRY (AT HOME FARM, STREET, FACTORY, 1) 21f IOCATION Street or R.F.D. No. City of Town County	
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	this this deta		While Not while at work at work	
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	ATT Itain Shau		22b. SIGNATURE (1) (We) (did) (did hid) view the bddy difer dedifi.	FD .
	d w	9	DEGREE PHYS. DIRECTOR	9/19
	AL D	. 1	22d. PHYSICIAN'S 22e. ADDRESS 22e. ADDRESS	3 4 2 -
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	HO HO	2	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County	(State)
	5 5 5 2 V	1/	Burial 5/31/69 Met. Hope Rem. Woodstoro Free	d. ma
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	30M REV. 1/68	8	- C. Barton, Walkerswelle, md 21793 DAJIIN 2 1969 Million O.	180



0)	H	MARYLAND STATE DEPARTMENT OF HEALTH	
d	1	06883 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 068	81
		CERTIFICATE OF DEATH	
neral and 2 death.		DECEASED-NAME First Middle Last 2a. DATE OF DEATH (Type or print) A Month Doy Ye	2b. HOUR
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ampletely tilled in by the tur ve carban papers. Rages 1 event, within 72 hours after	3. SI	lost hirthday) Montus	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
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11	10.	F. J give street address) , / S. J during most of working life, even if retired.) IMPUST	TRY Y
OT	130.	D. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN Vol. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	a seloven
nd in dny event, with	odm	nission) STATE March 13b. COUNTY Frederick Frederick YES PNO 17E. 9th St.	0
1	14.	FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle	Lost
()		David W. Stitely Grace Irma Gery	roude
		o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. grunknown) (If yes give war or dates of service) Address Address Address	1. 4 1
		Yes, no or unknown) (If yes give wor or dates of service) 219-14-9184 Mrs. Welliam a. Eyler, 17E, 9th 5	8. Freds
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (o) COMPANION CONTRACTOR CONTRACTOR	1966
		DUE TO, OR AS A CONSEQUENCE OF	
		rise to immediate couse (o), (b)	
		stating the underlying cause DUE 10, OR AS A CONSEQUENCE OF	
	10	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	Z		
	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED CAUSES OF DEATH?	IN CERTIFYING
X	RTIF	YES NO CHARLES OF BEATTE	
	MEDICAL	(If either, natify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County	Stote
		21d. INJURY OCCURRED While at wark at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County	31016
		220. I certify that (I) (this haspital) attended the deceased from 5/1/4, 19/64, ta 5/9, 19/69,	that (I) (we) lost
	-	sow the deceased alive on 5/8 19/67 and that in (my) (our) aninion death occurred on the date and h	nour ond from the
		causes stated abave, (1) (we) (did) (did not) view the bady after deoth. 22b. SIGNATURE	IED
	N	DEGREE PHYS. DEGREE PHYS. DIRECTOR DIRE	EU
		22d. PHYSICIAN'S 22e. ADDRESS	
1	1/.	NAME (Type)	
	23a.	D. BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County	y) (State)
		BRINGAD. 5/12/69 Rocky Hill Rem. In Woodsbora Fre	d. met.
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3	3. SEX	Female	4. RACE	White	ď.	S. DATE OF BIL	rth 30 –1 969		6. AGE (In years last birthday) YRS.	MONTHS DAYS	HOURS MIN
	7a. Bl caunt	RTHPLACE (State ar fareign ry) Md.	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED [WIDOWED [NEVER MAR	RIED X 9	COUNTY OF	DEATH erick		M
Ī	0. CI1	ry or town of death Frederick	11. giy	NAME OF HOSPITAL OR IN: re street address) Frederick M	em . Ho	or in haspital			(Kind of work done life, even if retired.)	12b. KIND OF B	
1	3a. U admiss	ISUAL RESIDENCE (Where deceas sian) STATE Md.		tutian: Residence befare	13c. CITY OR	TOWN	13d. INSIDE CITY LIMI YES NO		reet ano number 4 Trail Av	e.	
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	Yes	s, na, ar unknawn) (If yes give w	or ar dates of service)		- No	rman W	Fogle	-614 T	rail Ave		ck-Md.
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I		22b. SIGNATURE	EL	H	DEGR	11113.		D. RECTOR	CTAFF	DATE SIGNED y 1–196	9
	1	NAME (Type) Dr.	Charle	s. Wright		22e. ADD Fre	derick	Med. C	enter-Fred	erick, M	Id.
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ſ	24. F	UNERAL DIRECTOR ELLON M.R.Etchison	& Son	Frederi	ck, Md	21701	2Sa. REC'D BY	REGISTRAR 198	2Sb. REGISTRAR'S	SIGNATURE	JC

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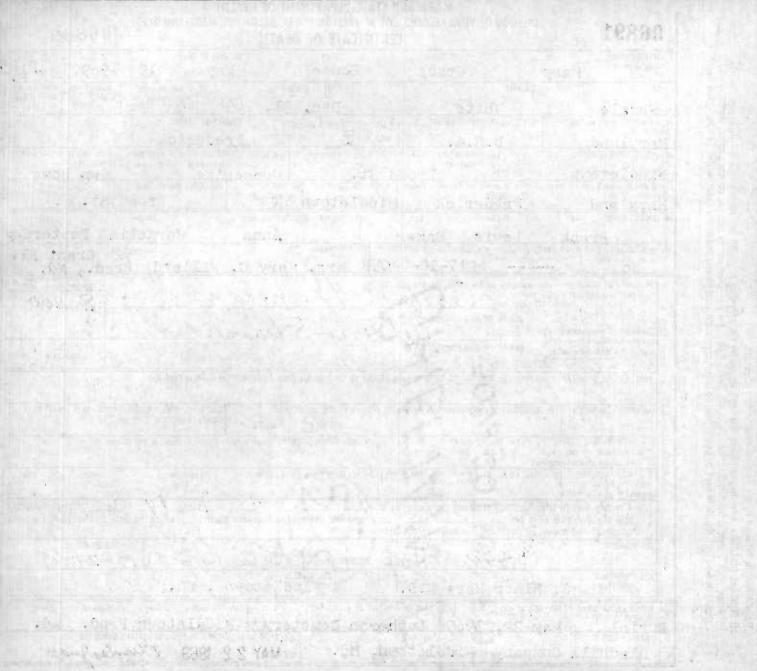
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	-	EUNERAL DIRECTOR		RESS CITE 250 REC'T	AY REGISTRAR 1969Sh. REGISTRAR	SIGNATURE
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t to	physician. signed by the attending burial-transit permit. Th burial, crematian, or rem		8. CAUSE OF DEATH (Enter only one cause per line for (a), (b), (PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	and (c).)			BETWEEN ONSET AND DEATH
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OR ATTENDING PHYSICIAN	Page 4 moy be retained by the haspital O FUNERAL DIRECTOR: After this certifica director, page 3 should be detached far shauld be filed with the State Dept. at Ha		22a. I certify that (1) (this haspital) attended the d saw the deceased alive an saw the deceased alive an causes stated abave, (1) (we) (did) (did nat) view	eceased fram	in (my) (our) apinian	, ta5_/_6, 19_ death accurred an the da	69 , that (I) (we) last te and haur and fram the
OR AT	be retail		26. SIGNATURE THE TONK S		TTENDING MED. HYS. DIRECTO	OR STAFF 22c. I	DATE SIGNED
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TO HO	Page direct	23o	STANTAS Secify) 5-8-69 Uti	me of cemetery or crema ca Cemeter	y	LOCATION (City or Town) r. Frederick	(Caunty) (State) Fred.Co.Md
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06891 06889 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20. DATE OF DEATH Page 4 may be retained by the hospital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers, Pages 1 and 2 shauld be detached for use as the burial, crematian, ar remaval, and in any event, within 72 hours after death. 24 haurs after death (Type or print) Month 7 9 Day 1 96 1911 May Mary Grace House 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF HNDER 24 HRS 3. SFX 6. AGE (In years last birthday) 1898 White Dec. Female 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) DIVORCED [Frederick Maryland
10. CITY OF TOWN OF DEATH WIDOWED IX U.S.A. 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of warking life, even if retired.)
Housewife give street oddress) **INDUSTRY** Middletown Own home 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER executed odmission) STATE Maryland YES 🔽 NO Middletown Broad St. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle Lost the death certificate be Anna Cardelia Easterday Lewis Frank Baker Address 524 16b. SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Grant Pl. Yes, no. or unknown) 1 (If yes give war or dates of service) 017-10-9405B Fred. Willard Mary C. Md 1B. CAUSE OF DEATH (Enter only one cause per line of (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH Canditians, if any, which gave: requires that rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO 4 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work to Mais 22a. I certify that (I) (this haspital) attended the deceased from CC 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S , Md. NAME (Type) Middletown J. Elmer Harp M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (State) 23a. BURIAL, CREMATION REMOVAL (Specify) Lutheran Cemetery Middletown Fred. Md. 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV, 1/68 Ochanies Middletown, Md. DATMAY 2 2 Gladhill Company 1969



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MARYLAND STATE DEPARTMENT OF HEALTH

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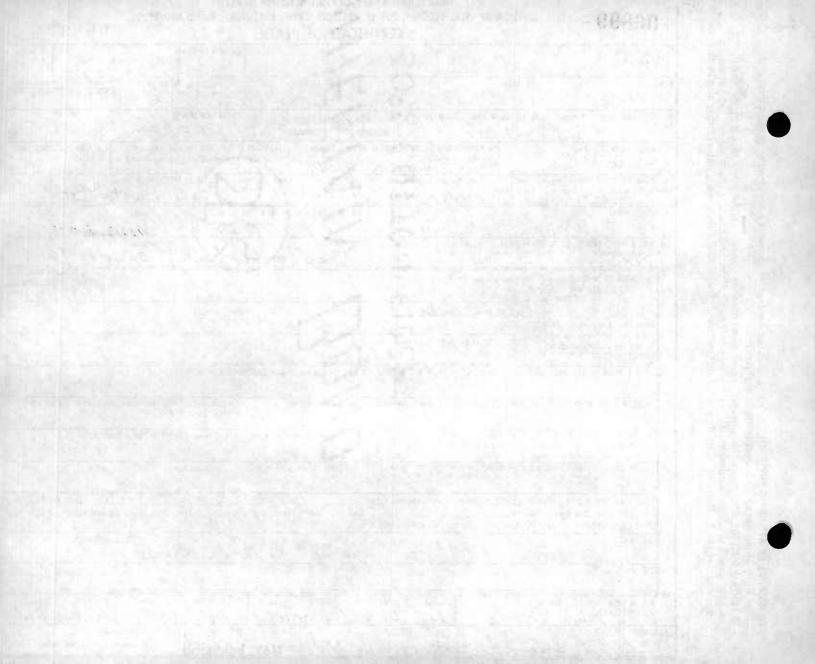
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		de	de la		·	Clara		A.		Phelps			5	19 6	69 6:50 M
		s after	og s rs afte		3. SE	female	4. RACE	ucasion		5. DATE OF BIRT 3/10/7	78	6.	AGE (In years last birthday) 91 YRS.	MONTHS DAYS 2 9	IF UNDER 24 HRS. HOURS MIN
		hour	ers. Pog 2 hours		7o. B	itry)	7b. CITIZEN OF W			NEVER MARRI	ILD[]	UNTY OF DE			
		24	apel n 72		1D C	TY OR TOWN OF DEATH	U.S.A	AME OF HOSPITAL OR IN	WIDOWED			rederi			Md.
		within	bon p	90		Frederick	pive T	street address) ederick Nu	rsing	center	during most of Housev	working life	nd of work done , even if retired.)	INDUSTRY	F BUSINESS OR
		ecuted	and completely filled in s remove carbon papers in ong event, within 72 h	1	13a. admi:	USUAL RESIDENCE (Where decease ssian) STATE Warylan	d lived, if institut	ion: Residence befare Frederick			d. Inside City Limits?		North	Warket S	Street
1		× ×	ony	,	14. F	ATHER'S NAME First	Middle	Last		S. MOTHER'S MAID		21-16	Middle		Last
(I	9	se i			Clara	Α.	Phelp			Katherin	е		Felle	r
/	ب	Tificate	physician and chen pleose remotoral, and in only		16a. Ye	WAS DECEASED EVER IN U.S. ARME es, The or unknown) (If yes give war	D FORCES? r or dates of service)	16b. SOCIAL SECURITY 216 22 99		nformant enry Loci	hner,19 1	W. 3nd	Address 1. St.Fr	ederick	,Md.
		requires that the death certificate be executed within 24 hours after death a physician physician and completely falled in the change of the completely falled in the change of the completely falled in the change of the change				1B. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per li BY: E CAUSE (a)	ne for (o), (b), and (c).	Saleri	tio a	(11.P)	1			ONSET AND DEATH
		e de	permit.		36	4124	. , , , ;	AS A CONSEQUENCE OF	100	5/1/2	arrest	F) >		711	raciraces
		# #	sit p			Canditions, if any, which gave rise to immediate couse (a),	(b)	1836	Co	cour	00 0 -07 (>100	plars.
		physician.	burial-transit burial-transit burial, cremat			stating the underlying cause		AS A CONSEQUENCE OF				3		. 0	
	1	hysi	burial-tr burial, c			PART 2. OTHER SIGNIFICANT COND	(c)	TING TO DEATH BUT N	OT RELATED TO	THE TERMINAL D	DISEASE OR CONDITI	ON GIVEN IN	PART Val		Α.
	N	req ng p	ta bi		z	Du	oden	I Was	N WI	the see	cont- G	ceno	reloge	60	velles
	18	low endi	as the	1	CERTIFICATION	19a. DATE OF OPERATION 19b. CO	ONDITION FOR WH	ICH OPERATION WAS PE	RFORMED	20a. AUTOPS	Y?	20b, IF YES	, WERE FINDINGS	CONSIDERED IN C	CERTIFYING
	1	The r off	use use		ERTIFI					YES 🗌	NO 🗌	CAUSES OF		445	
	11	PHYSICIAN: The low in the hospital or offending this contificate has been	d for af Heo		DICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examine	HOUR A.M.	FINJURY Month Day Year		DW INJURY OCCUR	RRED (Enter nature	e af injury in	Part 1 ar Port 2,	Item 18.)	
						21d. INJURY OCCURRED 21e. P While Nat while at wark	LACE OF INJURY	(AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	TORY,) 21f. LC	CATION Street o	or R.F.D. No.	City or	Town	County	Stote
		IDING d by t	be Stote	100		22a. I certify that (I) (this	mospuot) att	ended the decease	ed frem		, 19 62,	to May	y 19 , 19	_69_, that	t (I) (see) last
		ned ned	should ith the	34		saw the deceased ali- causes stated above,	(I) (was) (did)	(diction) view the	bady after	d that in (my) death.	(opinion o	deoth occu	urred on the di	ate ond hour	ond fram the
	0	retain	short with	1		22b. SIGNATURE	TD	<u></u>		ATTENDING	MED.	- 5	22c.	DATE SIGNED	
		be be	ge ge	1		150 Mara () - ,	Cum	est	DEGR	EEE PHYS.	DIRECTO	R L P	TAFF HYS. \square	1916	4
		4 may	tor, po			NAME (Type) SCYNO	rd U.7	homas	JV.	22e. ADDRES	edevi	CK	Md		
		TO HOSPITAL OR ATTEN Page 4 may be retained	direct		23a.	BURIAL, CREMATION, 23b. DA REMOVAL (Specify) May	21,196		t Hill	CREMATORY Cemeter	ry 23d.	LOCATION (City or Town)	(County)	(Stote) Pa.
				4)	24.	FUNERAL DIRECTOR Blone		M. ADDRESS			56. REC'D BY REGI	STRAR	2Sb DEGISTRAR	SIGNATURE .	12
			VR A15 (45M - 1/6	69		M. R. Etchis	on & Son	n, Frederi	ck, Ma	ryland [MAY 22	1969	1.	00	

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6	-15		06899 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAN CERTIFICATE OF DEATH	ND 21201 06897	
	the funeral sges 1 and 2 safter death.	1. D (SEX JARGE SOBERT PROTECT SOBRETH 6. AG	Annth Doy Yeor 255 SE (In yeors IF UNDER I YEAR IF UNDER 24 HR: 1 birthday) Months Days Hours Mil	5 M
	+ 10	COU	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? (1, 5, A. WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED PROPERTY.)	DERICK	Md.
	ecuted within 24 completely filled ove corbon pape y event, within 7		CITY OR TOWN OF DEATH FREDERICK 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, eventually a support of the support o	ven if retired.) INDUSTRY	Z
	e executed and comple con ony even	odm	mission) STATE Md. 13b. COUNTY Frederick Frederick YES NO 118 5 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First		
	ertificate be ex physician and hen please rem noval, and in on	16a	William Frather Sarah G. WAS DECEASED EVER IN U.S. ARMED FORCES? [16b. SOCIAL SECURITY NO. 17_INFORMANT]	Swaites	
	certifica g physic fhen ple moval,	F	Yes_no far unknown) (If yes give war or dates of service) Dyane Prather (wite) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	Same as 13. APPROXIMATE INTERVAL BETWEEN ONST AND DEATH	
	requires that the death certificate be executed within 24 hours after signed by the ottending physician and completely filled in by the rule burial-transit permit. Then please remove carbon papers. Pages 1 burial, cremation, or removal, and in ony event, within 72 hours after		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Out to Conditions, if ony, which gave)	1 Ledur	
10	aquires that the physicion. signed by the buriol-transit burial, cremat		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF		
10		NC	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PA		
N	ICIAN: The law repital or ottending rifficate has been a for use os the of Health prior to	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, W CAUSES OF DE		
	PHYSICIAN: e hospital or his certificate stached for or Dept. of Heo	MEDICAL CE	or contributing cause of death Grant Hour A.M. Manth Day Year (If either, notify medical examiner) P.M.		
	inG PHYSICIAN by the hospital fer this certifice be detached for Stote Dept. of He	W	While Not while OFFICE BUILDING, ETC.	the same of the sa	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law r. Poge 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		22a. I certify that (I) (this haspital) ottended the deceased fram 57/2, 1969, ta saw the deceased alive on 1969, and that in (my) (our) opinion deoth accurre causes stated above, (I) (we) (did) (did not) view the body ofter death.	red on the date ond haur and from t	he
	L OR ATTEND be retained DIRECTOR: A age 3 should iled with the		22b. SIGNATURE 22b. SIGNATURE DEGREE ATTENDING MED. DIRECTOR PHYS 22c. ADDRESS 22c. ADDRESS	FF 🖂	
	Foge 4 moy Co FUNERAL I director, pog should be fill	22-	D. BURIAL, ERÉMATION, 23b. DATE / 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City	ry or Town) (County) (State)	
	0.		BOUNTAL 5/15/69 MT. Zion Cemelery Mt. Z	SION Monty Mo 25b. REGISTRAR'S SIGNATURE	,
	30M REV. 128	L	Robert L. Suo aden Rockville, Md, DATMAY 1 9 1969	Williams Judge.	

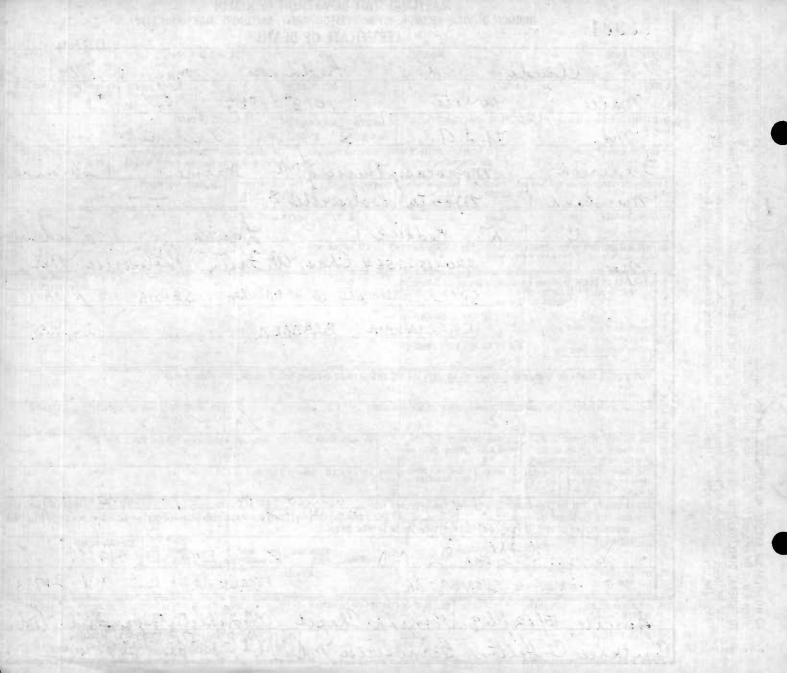
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	£ _2 £			irst	Middle		Lost		2a. DATE OF				2b. HOUR
	r death.	(ype or print) Mar	garet	Virginia Pr	urcel	1			Mayonth	15 Day	1969	9:35 M
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	led in 72 n 72		TITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR IN	WIDOWED [RCED ISHIAI	OCCUPATION			13P KIND UE	Md. BUSINESS OR
	within 24 haurs after ely filled in by the fu bon papers. Poges 1		Lantz		give street oddress) OW	n Hor	me	duringmo	usewi	ine even if	retired.)	INDUSTRY	Home
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	and c remo	14.	ATHER'S NAME First	Mid		15	. MOTHER'S MA	AIDEN NAME Fir	inia		Middle		Lost
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	physici physici en ple aval, a	100		ive war or dates of servi				Purcel	1 L	antz.			
5,00	equires that the death ce physician. signed by the attending burial-transit permit. Th burial, crematian, ar rem	Z	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAI IMMI 15 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	USED BY: EDIATE CAUSE (a) DUE TO, Se DUE TO, (c)	OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF	es Col	deus	rain a	and)	0	tase went		mare interval ASET AND GRATH 2 yr 2 yr,
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	iclan: bital or tifficate d far u af Heal	MEDICAL CER	21o. ACCIDENT WAS UNDERL or contributing Cause of (If either, notify medical exc	OEATH HOUR	P.M. 1	9	W INJURY OCC	CURRED (Enter	noture of inju	ry in Port 1 o	or Port 2, I	tem 18.)	
	the hosp this cell detache e Dept.	WE	at work at work		URY (AT HOME, FARM, STREET, EAT OFFICE BUILDING, ETC.			et ar R.F.D. No.		ar Tawn		County	Stote
	ATENDING PHYSICIAN: stained by the hospital or CTOR: After this certificate shauld be detached far uith the State Dept. af Heal		22a. I certify that (1) saw the deceased causes stated abo	(this hospital) alive an ave,(I) (we) (attended the decease 13 May 1 did) (did nat) view the	ed from G 9 9 and bady after o	that in (m leath.	, 19 <u>_5</u> y) (our) apin	¥, ta_/ iian death (5 ML accurred a	n the da	109, that te and havr	(I) (we) last and fram the
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be defached far use as the shauld be tiled with the State Dept. af Health prior ta		22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) Har	ry H.	Youngs Jr	MI DEGR	22e, ADD	DIF	RECTOR L	STAFF PHYS. C	5	DATE SIGNED	69.
	Page 4 O FUNE	23a	BURIAL, CREMATION, 23	36. DATE 5-18-69	23c. NAME OF B.ue F		CREMATORY		23d. LOCATIO		ıwn)	(County)	(State)
	VR A15VA 30M REV. 1660	24.	HUNERAL DIRECTOR 2 MINORAL E.	Gues	Raymor Raymon	nd E.	Creag	2So. REC'D BY		2Sb. RE	GISTRAR'S	SIGNATURE	ye.

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				00301	CERTIFICA	TE OF DEATH		0.00
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t to	o to do				Mildale	D' 1 20. L	Manth Day	Year Zb. HOUR
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9	fer of	50.1	3. SE	4. RACE	S	. DATE OF BIRTH		IF UNDER 1 YEAR / IF UNDER 24 HRS.
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in 2	filled rappe		10. C	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not		PATION (Kind of work done	12b. KIND OF BUSINESS OR
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٥	attending physicion permit. Then please ion, or removol, and i		160	VAS DECEASED EVER IN U.S. ARMED FORCES	? 116b. SOCIAL SECURITY NO. 117. INF	ORMANT	↑ Address	Junow
, D	ysic ple		Y	s, no or unknown) (If yes give war or dates of si	ervice)	1601 4127	r D Address	in me
E	ph) ovo		-	ne	820-18-2564 C	nac, w. Iru	of toolesor	APPROXIMATE INTERVAL
9	en Th	-70		B. CAUSE OF DEATH (Enter only one caus		the state of	0	BETWEEN ONSET AND DEATH
100	ndi or r			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O SHOCK SECONDARY	Y TO HEMATURIA	+ SEPSIS	10 DAV/5
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uire	gne gne rrio				(c) DNTRIBUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE OR CONDITION	M CIVEN IN DADT 1/a	
red	g p			ART 2. OTHER SIGNIFICANT CONDITIONS CO	SAIKIBOTING TO DEATH BUT NOT KEEKTED TO T	THE TERMINAL DISEASE OF CONDITIO	NO OTACIO IN PART I(U)	
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9	attending has been se as the h prior to	0	CERTIFICATION	AND THE OF OPERATION 114B. CONDITION	FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	CAUSES OF DEATH?	ASIDERED IN CERTIFTING
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Ä	or or				TIME OF INJURY IR A.M. Month Day Yeor	NJURY OCCURRED (Enter nature	of injury in Part 1 or Part 2, Ite	em 1B.)
3	of the pit	70	MEDICAL	If either, notify medical examiner)	P.M. 19			
TY S	by the hospitol or attending physicion. After this certificate has been signed by the attending physicion ond combe detoched for use as the buriol-tronsit permit. Then please remostate Dept. of Health prior to buriol, cremotion, or removol, and in ony		ME	21d. INJURY OCCURRED 21e. PLACE OF I	NJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCA	ATION Street or R.F.D. No.	City ar Tawn	County State
40	this det			t work at work				
N	be tat	100		2a. I certify that (I) (this haspite		Miguil, 19 68,	ta_5/4_,19.0	99, that (I) (we) last
2	A P			saw the deceased alive an_	5 8 19 64, and	that in (my) (our) apinian d	eath accurred on the date	e and haur and fram the
AE	OR OF	13			(did) (did nat) view the bady after de	ath.		
A N	be retained DIRECTOR: A spe 3 should ed with the	56		22b. SIGNATURE	Y O MIN	ATTENDING MED.	STAFF C	ATE SIGNED
0	be ded		2	Jamas 15	Sonus DEGREE	PHYS. LE DIRECTOR	PHYS. L	19169
IAI	AL Pa	1		2d. PHYSICIAN'S NAME (Type) AMAR S F	CTAVEO VA	22e. ADDRESS	CENCULLE	Md 21762
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate	Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt	1	1	THINE SEV	SIONER, DR	- Water	CFIOV 'FLF,	111111111111111111111111111111111111111
웃	FU FU	- 1	23a.	BURIAL, CREMATION, 23b. DATE	23c. NAME OF CEMETERY OR CE	REMATORY 23d	LOCATION (City ar Tawn)	(Caunty) (State)
2	5 di	1		surely 2/2/	69 Unean Ch	apel J.	cherlytown.	Fred. Md.
	VR ATE	an	24.	UNERAL DIRECTOR	ADDRESS	250, REC'D BY REGIS	TRAR 75b. REGISTRAR'S SI	GNATURE
	30M REV.	68	6	nstance C. Hel	ton Parne wille	madate AT 13	1363 Kellone	As Yudan:



1	06902	DIVISION OF VITAL RECORDS	301 W. PRESTON STR	EET, BALTIMORE, MAI		06900	
Beat	DECEASED NAME (Type ar print) Eaith	Middle H •	Rickerds	2a. DATE OF	DEATH SMonth 26 Day	6 9 or	26. HOUR
3.	female	4. RACE white	5. DATE OF BIR 9/28/		6. AGE (In years irthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	ountry) Maryland	b. CITIZEN OF WHAT COUNTRY?		RIED 9. COUNTY OF Fred	DEATH		Md.
4	CITY OR TOWN OF DEATH Frederick		STITUTION (If not in hospital	120. USUAL OCCUPATION	(Kind of work done	12b. KIND OF B	USINESS OR
0 13	a. USUAL RESIDENCE (Where deceased dmissian) STATE Md.	lived, if institution: Residence befare 13b. COUNTY Fred.		3d. INSIDE CITY LIMITS? 13e. STI	REET AND NUMBER		
14	A. FATHER'S NAME First Thoma	Middle Hardy	IS. MOTHER'S MAI	DEN NAME First Helen	Middle F	itzpati	rick
10	Yes, no, or unkneye) (If yes give war o	FORCES? 16b. SOCIAL SECURITY and dates of service)		Rickerds- B	oling Gr	een,Oh	io
V	PART I. DEATH WAS CAUSED E IMMEDIATE Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS	DUE TO, OR AS A CONSEQUENCE OF (b) OR AS A CONSEQUENCE OF (c) PENNON TIONS CONTRIBUTING TO DEATH BUT N	I through a larger of related to the terminal			10d 7d 3du	SET AND DEATH AUGO AUGO AUGO AUGO AUGO AUGO AUGO AUGO
CEDTIGICATION	19a. DATE OF OPERATION 19b. COI	NDITION FOR WHICH OPERATION WAS PE	YES 🗀	NO CAUSES	YES, WERE FINDINGS CO OF DEATH?		TIFYING
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year P.M. 1 ACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	ed fram 2/16 mg.	105 0	or Town Or	County A that (te and haur ar	Stote (I) (we) last and fram the
23	Bernard (22d. PHYSICIAN'S NAME (Type) Berna		DEGREE ATTENDING PHYS. 22e. ADDRIVE CEMETERY OF CREMATORY Of Prether	ESS C V i C / C / 23d. LOCATIO	STAFF PHYS. N (City or Town)	(Caunty)	(State)
24	Full Funera	1 Home ADDRESS	swick, Md.	250 RECID BY REGISTRAR S	9 25b. REGISTRAR'S		6

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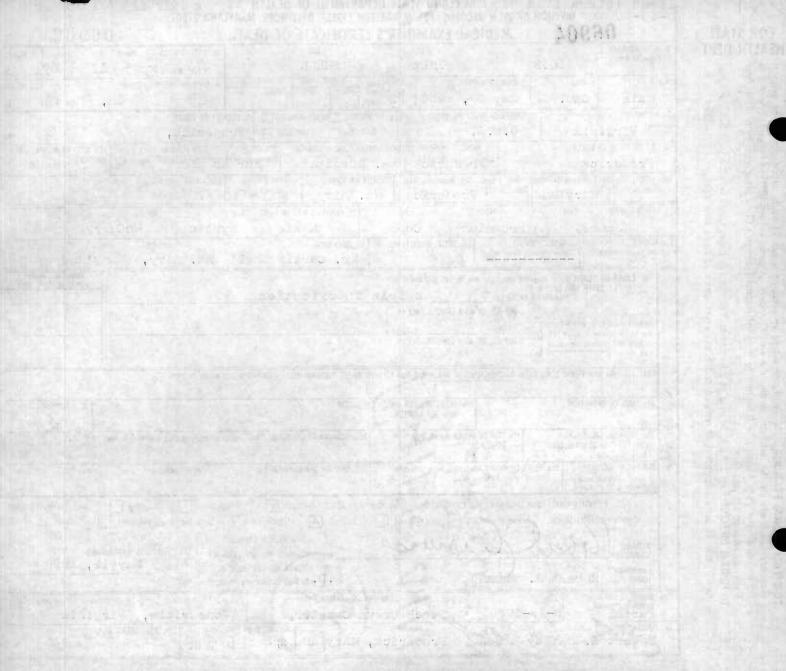
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH	
1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH	1
t = t = t (Type as arial)	2b. HOUR,
(Type or print) Martha Frances Ruby Month 6 Day 69 or	5-33
3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years Fundary year last binhday) MONTHS DAY	IF UNDER 24 HRS.
Female White April 6, 1916 lost birthdoy) VRS. MONNIHS DAY	HOURS MIN
7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH	
See Country) Maryland U.S.A. WIDOWED DIVORCED Frederick	Md
ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND C	F BUSINESS OR
The City or Town of Death Frederick 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) 12a. USUAL OCCUPATION (Kind of work dane during mast af working life, even if retired.) 12b. KIND of the life of	home
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
()	e #1
De 5 14. FATHER'S NAME . First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
Daniel L. Calp Jennie	rue
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address ROU	te 新
None Wilbert E. Ruby Middletown, N	d.
3. SEX Pemale White S. DATE OF BIRTH April 6, 1916 6. AGE (In years last birthday) YRS. Female 7. CITIZEN OF WHAT COUNTRY? Maryland 1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) 1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) 1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) 1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) 1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) 1. NO IN The Proderick 1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) 1. NO IN The Proderick 1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) 1. NO IN The Proderick 1. NO IN THE PRODER THE	XIMATE INTERVAL ONSET AND DEATH
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Canditians, if any, which gave rise to immediate cause (a), (b) MYOCAR dial TWPAR CTION	
되는 기계 Interior Classe (a), DUE TO, OR AS A CONSEQUENCE OF	
PARL 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
PART 3 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
19a. Date of operation 19b. Condition for which operation was performed, 20a. Autopsy? 4-39-69 A STOMACH - OSES + Y 20b. If yes, were findings considered in causes of death?	
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED, 20a. AUTOPSY? 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED, 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CAUSES OF DEATH? YES NOW CAUSES OF DEATH? 21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INITIRY 21c. HOW INITIRY OCCURRED. (Forth popular of initial property of initial property in Port 1 or Port 2, them 18.)	CERTIFYING
25 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.)	
21a. ACCIDENT WAS UNDERLYING Course of Death	
21d. INJURY OCCURRED While Not while of work of the wo	State
N > 20 to 1 certify that (1) (this haspital) attended the deceased from 4-14, 1969 to 5-6, 1969 the	1/0/
22a. I certify that (I) (this haspital) attended the deceased from 4-14, 1967 ta 5-6, 1969, the saw the deceased alive on 1967, and that in (my) (our) pointan death accurred an the date and have	t (I) (we) last
Aquses stated above, (I) (we) (did) (did nat) view the bady after death.	una num me
Adoses stated above, (i) (we) tala half view life bady after death.	
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22b/SignAture 22b/SignAture ATTENDING PHYS. MED. DIRECTOR DIRECTOR PHYS. MED. PHYS. MED. PHYS. DIRECTOR PHYS.	1969
TATENDING NED. 226. DATE SIGNED PHYS. 22c. DATE SIGNED PHYS. 22d. PHYSICIAN'S NAME (Type)	W
ATTENDING MED. STAFF May 6, PHYS. I Physician's NAME (Type) Robert J. Thomas M.D. 812 Toll House Ave. Fred.,	Md.
226. DATE SIGNATURE 226. ATTENDING PHYS. 226. ATTENDING PHYS. 226. ADDRESS NAME (Type) 226. ADDRESS NAME (Type) 226. ADDRESS NAME (Type) 227. DATE SIGNED 228. ADDRESS NAME (Type) 228. NAME OF CEMETERY OR CREMATORY 238. LOCATION (City or Town) (Caunty)	Md (State)
22b/Signature 22b/Signature 22c. Date Signed May 6, Phys. Carl P	Md (State)

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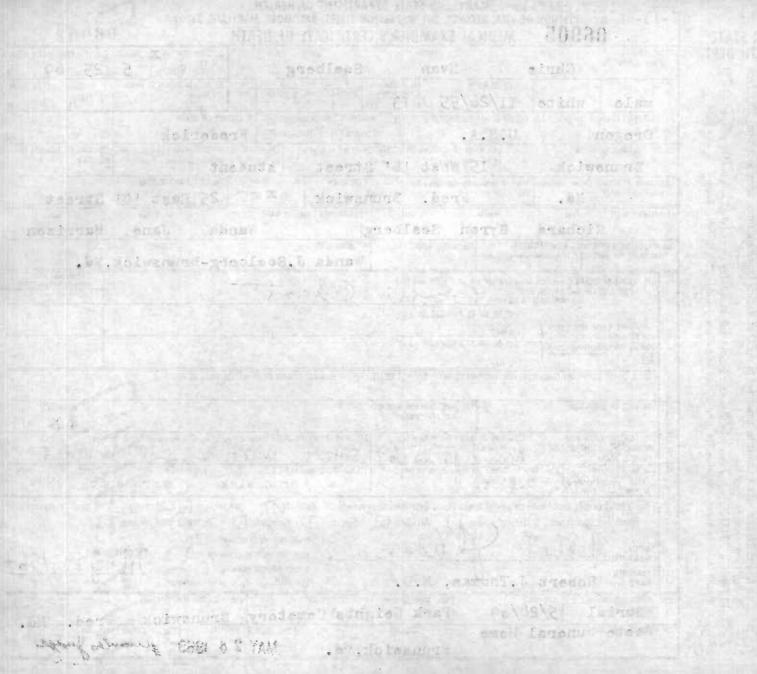
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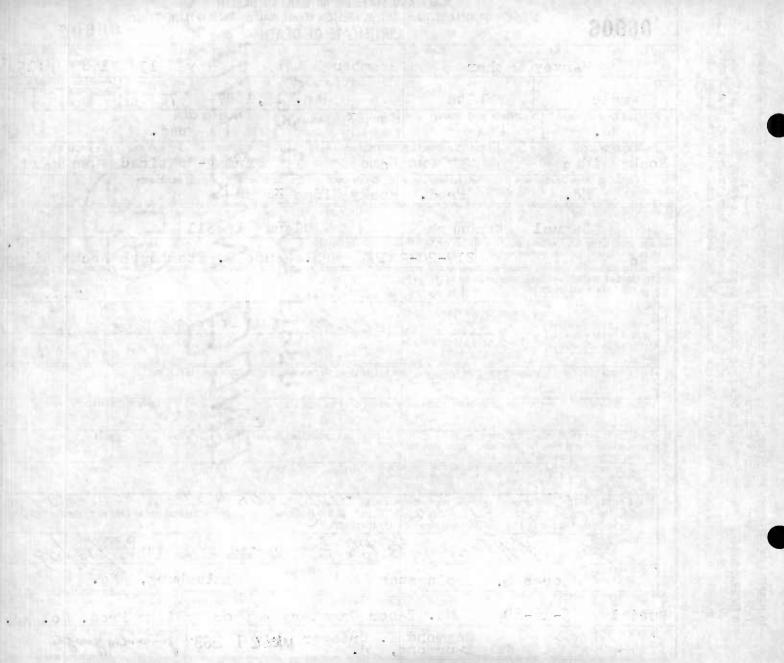
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haurs Item Office I ond 2		ATHER'S NAME	First		iddle	Lo		Is. MOTHER'S M		First		Mid	ldle		Lost	
4 h		Jam	es	Brown	nlon	Co	ре	Ro	xie	My	rtle		McCu	ırry		
be executed within 24 havrs after deoth "pending" in pencil in Item 18. Juye Pages 1, iief Medical Examiner's Office along with form posit permit. File pages 1 and 2 with the State Deevent within 72 hours ofter deoth.	160. (Y	WAS DECEASED EV es, no, or unknow NO	R IN U.S. ARM n) (If yes	ED FORCES? give war or dates of serv	16b.	SOCIAL SECURIT	Y NO.	17. INFORMANT Mr. Cur	tis Sh	ell	Mt.	ADDRES		ıryl	and	
should be executed with the ward "pending" in perion the Chief Medical Examburial-tronsit permit. File I in ony event within 72		1B. CAUSE OF	DEATH (Enter	only one couse p	er line fo	or (o), (b), ond ((c).)				~~~~~			BI	APPROXIMATE I	INTERVAL AND DEATH
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she v he v to til		lost.) (c)_					4							
ficate ing the rded to os o 1, and		PART 2. OTHER S	IGNIFICANT CO	INDITIONS CONTRI	BUTING T	O DEATH BUT N	OT RELATED	TO THE TERMINAL	. DISEASE OR (ONDITIO	N GIVEN IN	PART I(o)				
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55 + 25 +	230	BURIAL, CREMAT REMOVAL (Speci Burial	(Y) 5	3b. DATE -15-1969				OR CREMATORY e Cemete				(City or Tow				ote)
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VR A15ME (5)		Robert	E. Dai	ley & S	on	Frede	rick,	Marylan	Id DATE AY	16	1969	9 00	Liane	EN	udel	(

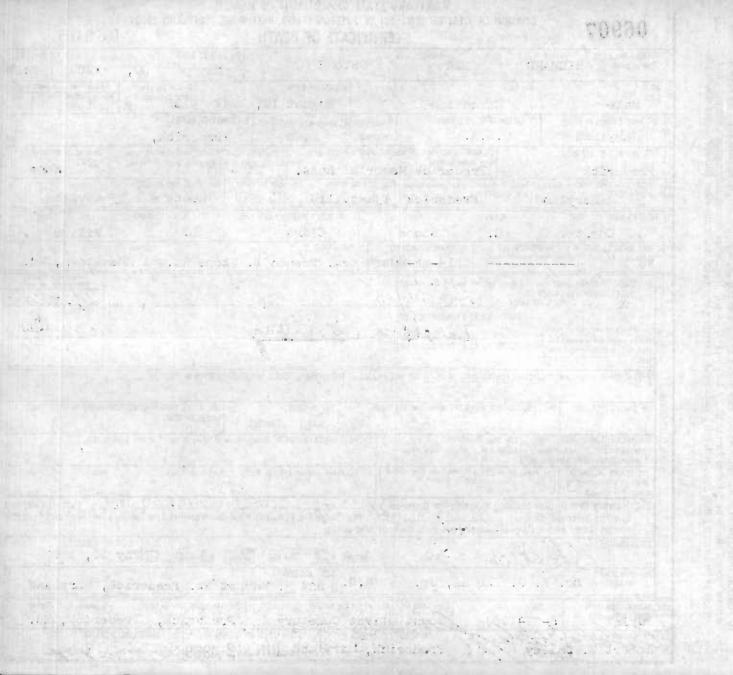


1	Ttems 21e,f,22aFilm413MARYLAND STATE DEPARTMENT OF HEALTH 5-13-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MA	ARYLAND 21201								
FOR STATE	06905 MEDICAL EXAMINER'S CERTIFICATE OF DEA	TH 0	6903							
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost (Type or Print)	2a. DATE KNOWN Month OF ESTI-	Day Year 2b. HOUR							
yy is 3 to oge nt of	Chris Evan Seelberg	DEATH MATED 🗌 5	25 169 1							
ny delay is 2, and 3 to PM3. Page partment of	3. DATE OF BIRTH I LOS HOURS HOURS	MIN. 2c. DATE PRONOUNCED DEAD Month Doy	Year 2d. HOUR							
		COUNTY OF DEATH	19 A							
- E &		Frederick	M							
ooth State	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USU)	AL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR							
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The state of the s										
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d 'pe d''pe Chief ransit	Canditions, if any, which gave rise to immediate cause (a), (b)									
should be e ne word "per o the Chief I buriol-transit	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF lost.									
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NER: The certifice hould be iles. should the ition, or ition, or	The state of the s	nature of injury in Part 1 or Part 2, Ite	bullot							
INER: e certification, orațion, orațion	PRIMARY DOR CONTRIBUTING HOUR A.M. 5-2019 69 SISO W 17 CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 21f. LOCATION Street or R.F.D. No.	City or Town	County State							
AMI the the sour rem	WHILE AT WORK									
DEPUTY DICAL EXAMINER: This sessory, please execute the certificate, e funeral director. Page 4 shauld be formay be retained far your files. FUNERAL DIRECTOR: Page 3 should be saith prior to burial, cremation, or rer	220. I certify that I took charge of the remains described above, held an Autopsy,	Inspection , Inquiry	, ond in my opinio							
ical for. CTO CTO	deoth resulted from: Noturol couses, Accident, Suicide, Homicide	The state of the s								
rry pleose erol direct be retaine RAL DIREC	CHIEF MEDICAL EX	AMINER								
AL L	SIGNATURE ACTUAL ASSISTANT MEDICA		SIGNED - 1960							
Ssor fune and b	EXAMINER'S NAME (Type) Robert J. Thomas, M.D. DEPUTY MEDICAL E ADDRESS(Street, ci	EXAMINER ()	923,110							
necessory, in the funeral 5 may be roof FUNERAL Health enice			(Caunty) (State)							
1	REDULTINA 5/28/69 Park Heights Cemetery		Prod Wa							
Do	24. FIRE STORF UNCERAL HOME ADDRESS 2Sa. REC'D B	BY REGISTRAR 25b. REGISTRAR'S S	4 (9)							
VR A15ME (5) 10M REV. 1/68	Brunswick, Md. DATEMAY	28 1969 plian	las judge.							



06	906	DIVISIO	N OF VITAL RECOR		RESTON STRE		MORE, MA	RYLAND 21201	0690	4
1. DECEASED-N (Type or p	1 4	First vey Lu	Middle ther	Staml	lost		2a. DATE O	DEATH 13 D	° 198°9	26. HOUR 8: 15 M
	male	4. RACE	White		S. DATE OF BIRT	15,	1897	6. AGE (In years last-birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
country)	CE (State ar fareign Md •		OF WHAT COUNTRY? USA	8. MARRIED WIDOWED	NEVER MARRI	LULI	9. COUNTY O	Fred.		Md.
Rock	own of DEATH y Ridge		11. NAME OF HOSPITAL C give street address	n Home		12a. USUA during prog	TOCCUPATION	(Kind of work done	12b. KIND O	F BUSINESS OR Farm
13a. USUAL R odmissian)	ESIDENCE (Where de	eceased lived, if 13b. CO	institution: Residence be JNTY Fred.		R TOWN 13 Y Ridge	SES INSIDE CITY LIN		TREET AND NUMBER		
14. FATHER'S	NAME First Sam		ddle Lo tambaugh	ist 1	S. MOTHER'S MAIL	DEN NAME Fi	Powe.	Middle		Last
16a. WAS DE Yes, no, or	CEASED EVER IN U.S.		16b. SOCIAL SECU		INFORMANT			Address Stambaug		Md y Ridge
Condition rise to it stating last.	ns, if any, which go mmediate couse the underlying co	AUSED BY: MEDIATE CAUSE (a DUE TO (o), USE (USE)	O, OR AS A CONSEQUENCE	corele corele	uta	30		N IN PART I(a)	BETWEEN	ONSET AND DEATH DEOUGH
190. DAT	E OF OPERATION	19b. CONDITION F	OR WHICH OPERATION WA	AS PERFORMED	20a. AUTOPS	NO 🔼		F YES, WERE FINDINGS S OF DEATH?	CONSIDERED IN	CERTIFYING
OR CO	CIDENT WAS UNDER NTRIBUTING CAUSE OF T, natify medical explorer TURY OCCURRED	F DEATH HOUF	TIME OF INJURY R A.M. Manth Day P.M. JURY (AT HOME, FARM, STRE OFFICE BUILDING, ETC	Year 19	OCATION Street			ry in Part 1 or Part 2	, Item 18.) County	Stote
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23a. BURIAL, BURIAL,	CREMATION,	23b. DATE -16-69	Mt.		Cemeter	ŗy	Rock	ON (City or Town) y Ridge	(County) Fred.	(State) Co. Md
24. EUNERAL	11(/	menn	Raymon	RESS E. C:	reager	MAY 2	REGISTRAR 1 196	9 25b. REGISTRAN	'S SIGNATURE	ge :



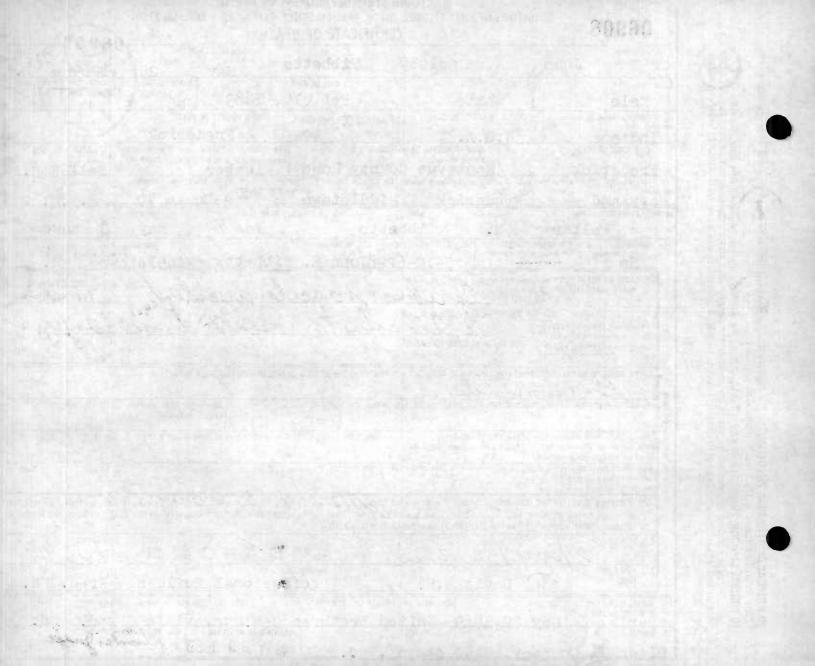


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06908 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 24 hours after death John Maltby (Type or print) Tibbetts Month May 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) MONTHS DAYS Feb. 14, 1883 White Male in by 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED DIVORCED [Frederick WIDOWED [Indiana filled 10 CITY OR TOWN OF DEATH ond in any event, within 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR give street oddress)
Montevue County Home during most of working life, even if retired.) INDUSTRY remove carbon Frederick SATT 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Frederick YES NO X Middletown Maryland Route 40 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Middle lost Tibbetts Walter Ida May Swathwood 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address R.F.D. Yes, no or unknown) (II yes give war or dates of service) burial, cremation, or removol, 325-10-6298John E. Middletown 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove } burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the 2should be filed with the State Dept. of Health prior to 1 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO [TENDING PHYSICIAN: 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Yeor (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Not while of work 22a. I certify that (!) (this hospital) attended the deceased from 17 200 8, 19 67, to 17 25, 19 67, that (!) (we) last sow the deceased olive on 19 04 25 19 67, and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated obave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE ATTENDING STAFF DEGREE DIRECTOR PHYS PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Davis M.D. Professional Building eRov Fred 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (Stote) BURIAL, CREMATION, REMOVAL (Specify) United Brethren Cem Myersville Fred Ruria 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 30M REV 1/68

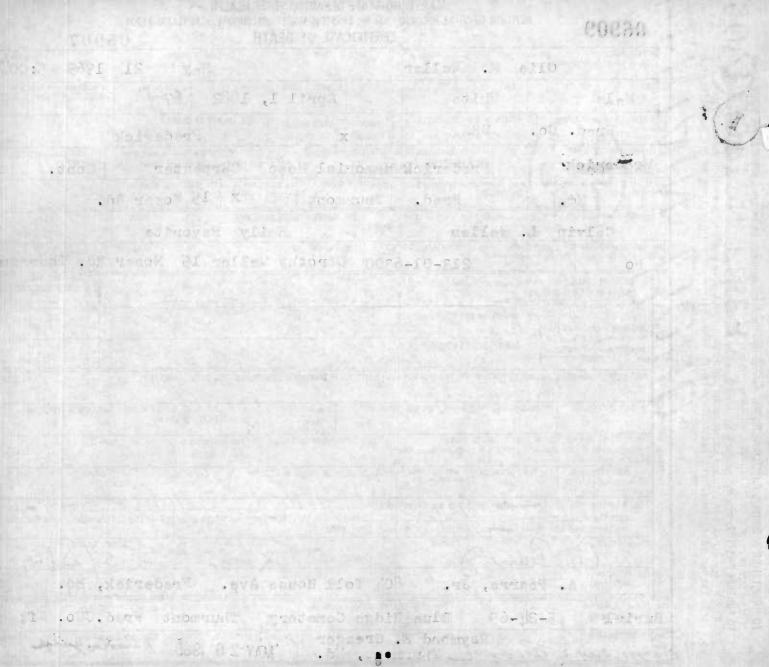
Company Middletown . Md.

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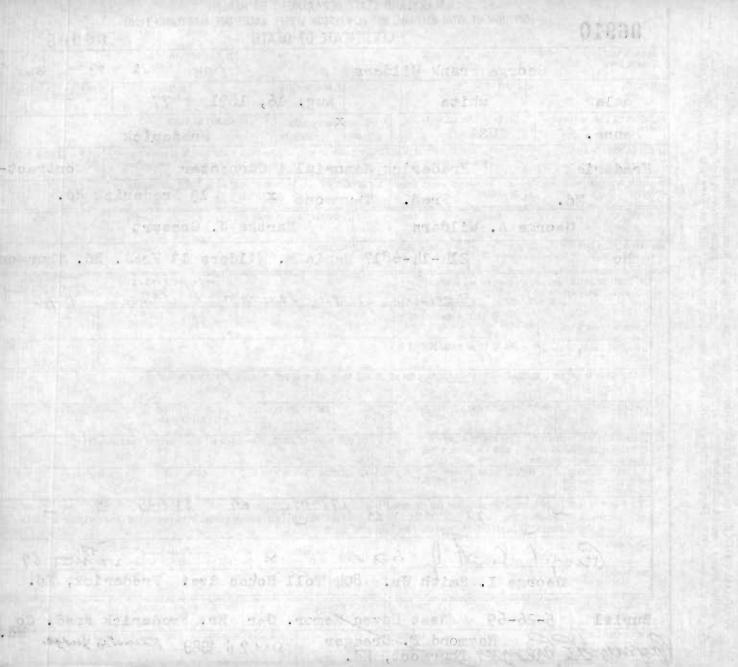
MAKTLAND STATE DEPAKTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH



1			MAKYLAN DIVISION OF VITAL RECORDS,		DEPARIMENT OF I		IND 21201		
		06910			ATE OF DEATH	IMOKE, MAKTLA	MD 21201	0690	Q
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after the fundament	3. \$1		4. RACE white		S. DATE OF BIRTH Aug. 16,	6. A	GE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
1 in by Peers. Peers.	7o.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY OF DEAT	11101		
executed within 24 hours after deoth do completely filled in by the funeral emove carbon papers. Pages I and Sony event, within 72 hours after deoth	10. 0	Trederick	11. NAME OF HOSPITAL OR INS	TITUTION (If n	orial 120. USU	AL OCCUPATION (Kind ost of working life, of	of work done	12b. KIND OF E	BUSINESS OR tract-
complete carl	13a. adm	USUAL RESIDENCE (Where deceoser issian) STATE Md •	d lived, if institution: Residence befare 13b. COUNTY Fred.		TOWN 13d. INSIDE CITY L		AND NUMBER rederi		
be exercise se removed in only			ge A. Wilders	190		First a J. Gos	sart		Lost
Atificate physicia on pleo. vvol, an	160. Y	WAS DECEASED EVER IN U.S. ARME es, naj (If yes give war	D FORCES? or dotes of service) 16b. SOCIAL SECURITY N 2 11 - 11 - 6	817 M	oronant arie M. Wi	lders 13	Fred.	Rd. T	hurmon
The low requires that the death certificate be executed within 24 hours after death ottending physicion. has been signed by the ottending physician and completely filled in by the funeral se as the burial-transit permit. Then please remove carbon papers, Pages and 2 the priar to burial, cremation, or removol, and in any event, within 72 hours after deaoth		PART I. DEATH WAS CAUSED IMMEDIATI Canditians, if any, which gave rise to immediate cause (o), stoting the underlying cause last.	one cause per line far (a), (b), and (c). BY: E CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) ITIONS CONTRIBUTING TO DEATH BUT NO	of		ATE E	diffuse	BETWEEN ON	IATE INTERVAL ISET AND DEATH 7 F A R .
The low re ottending has been se as the h priar to 1	CERTIFICATION	19a. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PER	FORMED	20o. AUTOPSY? YES NO	CAUCEC OF D	WERE FINDINGS CO	ONSIDERED IN CER	RTIFYING
OR ATTENDING PHYSICIAN: The retoined by the hospital or INECTOR: After this certificate a 3 should be detached for used with the State Dept. of Healt	MEDICAL CER	21o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examine	r) HOUR A.M. Manth Day Year P.M. 19		W INJURY OCCURRED (Enter	r nature of injury in F	Part 1 or Part 2, I	tem 18.)	
IG PHY: the hoser this contact detach		at wark at wark	LACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.					County	State
TENDIN ined by OR: Afte ould be		saw the deceased aliv	haspital) attended the decease ve an 23 MA9 19 (U) (we) (did) (did not) view the b	69. and	that in (my) (aur) ani	nian death accur	red on the dat	te and havr a	(I) (we) last and fram the
		22d. PHYSICIAN'S NAME (Type) GOOD	Comit of the Green	-D. DEGR	1	NED. STA	FF arms	ATE SIGNED # my	69 Md.
TO HOSPITAL Page 4 moy TO FUNERAL C director, pog			26-69 Rest H	aven	Memor. Gar		y ar Town) rederic	(County) k Fred	
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